

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

IN RE: **CITY OF SHAFTER**
 Water System No. 1510019

TO: Mr. Michael James, Public Works Director
 336 Pacific Avenue
 Shafter, CA 93263

CC: Kern County Environmental Health Services Department

CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
November 2012

Issued on January 17, 2013

Section 116650, Chapter 4, Part 12, Division 104 of the California Health and Safety Code (CHSC), authorizes the issuance of a citation for failure to comply with a requirement of the California Safe Drinking Water Act, or any regulation, standard, permit, or order issued hereunder.

VIOLATION

The Drinking Water Field Operations Branch of the Department of Public Health (hereinafter 'Department') hereby issues a Citation to City of Shafter (hereinafter 'City'), for failure to comply with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). Specifically, the City (mailing address:

1 336 Pacific Avenue, Shafter, CA 93263) failed to comply with the total coliform Maximum
2 Contaminant Level (MCL) for the month of November 2012.

3
4 Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples
5 per month is in violation of the total coliform MCL when more than one sample collected
6 during any month is total coliform-positive. The City is required to collect a minimum of
7 four (4) distribution system bacteriological samples per week. The bacteriological water
8 analysis results submitted by the City reported the presence of total coliform bacteria in
9 three (3) of thirty-seven (37) samples collected by the City in November 2012. None of
10 the positive samples showed the presence of fecal coliform or *E. coli* bacteria.

11
12 Upon being informed of the presence of total coliform bacteria in one (1) routine sample
13 collected on November 14, 2012, City staff collected a total of three (3) repeat samples on
14 November 16, 2012. None of the repeat samples showed the presence of total coliform
15 bacteria. Additional routine samples were collected at two (2) locations on November 19,
16 2012, that were positive for total coliform bacteria. A set of three (3) repeat samples were
17 collected for each positive routine sample on November 20, 2012. All of the repeat samples
18 were negative for total coliform bacteria. Due to the above-mentioned total coliform
19 positive samples, the City failed the total coliform MCL for the month of November 2012.
20 All water samples for coliform bacteria collected during November 2012 are summarized in
21 Attachment A.

22
23 The cause of the contamination is unknown since no specific source of contamination has
24 been identified. The City provides for continuous disinfection of the distribution system
25 and conducts routine monitoring from all its active wells. The analytical results for Wells
26 Nos. 7, 8, 11, 12, 14 and 17 did not detect the presence of total coliform bacteria. Well No.

27

1 6 showed the presence of total coliform bacteria from a sample collected on November 1,
2 2012 (see Attachment B).

3
4 The above violation is classified as a non-continuing violation.

5
6 **NOTIFICATION REQUIREMENTS**

7 Section 64426.1(c) requires a public water system to notify the Department and the
8 consumers of the water system, when a violation of total coliform MCL occurs.
9 Notification to the Department shall be by the end of the business day on which the
10 violation has been determined. If the Department is closed, notification shall be within 24
11 hours of the determination. The Department was notified on November 20, 2012, in
12 accordance with the above-referenced section.

13
14 A Tier 2 Public Notice for violations of paragraphs 64426.1(b)(2) shall be given pursuant to
15 Section 64463.4 [lists method, time-frame and delivery] and 64465 [content & format].
16 The Tier 2 Public Notice shall include the mandatory health effects language from
17 Appendix 64465-A for a total coliform MCL failure.

18
19 Section 64463.4 allows community water systems to use mail or direct delivery to each
20 customer and the use of one or more of the following methods: publication in a daily or
21 weekly newspaper, posting the public notice in a conspicuous public place within the water
22 system or on the internet, or by delivery to community organizations. The City may publish
23 the public notice once in a daily or weekly newspaper available in the general service area.
24 The Department hereby waives public notification by mail or direct delivery.

25
26 Section 116450(g) requires that upon receipt of notification from a public water system,
27 schools must notify school employees, students, and parents (if the students are minors),

1 residential rental property owners or managers (including nursing homes and care facilities)
2 must notify their tenants and business property owners, managers or operators must notify
3 employees of businesses located on the property. These secondary notification
4 requirements are also included in the public notice.

5
6 Notification of the public was conducted on December 19, 2012, advising each customer of
7 the failure of the total coliform MCL during the month of November 2012. A copy of the
8 notice that was mailed to each customer is provided as Attachment D. Proof of Notification
9 is provided as Attachment E.

10
11 **DIRECTIVES**

12 The City is hereby directed to take the following actions:

- 13
14 1. By **January 30, 2013**, the City shall complete and submit the enclosed "Positive
15 Total Coliform Investigation" form to the Department that describes the incident
16 and all corrective actions taken, and the results of the investigation. The appropriate
17 investigation report is provided as Attachment C.

CIVIL PENALTIES

Sections 116650(d) and 116650(e) of the CHSC allow for the assessment of a civil penalty for failure to comply with requirements of the California Safe Drinking Water Act. Failure to comply with any provision of this Citation may result in the Department imposing an administrative penalty of not less than \$100 (one hundred dollars) per day as of the date of violation of any provision of this Citation.

January 17, 2013

Date

Tricia A. Wathen

Tricia A. Wathen, P.E.
Senior Sanitary Engineer, Visalia District
DRINKING WATER FIELD OPERATIONS BRANCH

TW/LR

Attachments:

- Attachment A: Summary of Bacteriological Samples collected in November 2012.
- Attachment B: Summary of Bacteriological Source Samples collected in November 2012.
- Attachment C: Positive Coliform Investigative Report
- Attachment D: Public Notice
- Attachment E: Proof of Notification Form

03-12-13C-001-1510019-22 TCRMCL Nov-2012Cit ID1-14-13



Bacteriological Distribution Monitoring Report

1510019 Shafter, City of

Distribution System Freq: 4/W

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
11/1/2012	25 samples	A	A			Routine	0.3-1.5				
11/14/2012	Sta. 17	P	A			Routine	0.8				
11/16/2012	Sta 17	A	A			Repeat	0.7				
11/16/2012	Sta 17A	A	A			Repeat	0.8				
11/16/2012	Sta 17B	A	A			Repeat					
11/19/2012	Sta 3	P	A			Routine	1.0		MCL	Yes	GWR: Wells were samp
11/19/2012	Sta 4	P	A			Routine	1.2				
11/20/2012	Sta 3	<1.1	<1.1			Repeat	0.8				
11/20/2012	Sta 3B	<1.1	<1.1			Repeat	0.8				
11/20/2012	Sta 4	<1.1	<1.1			Repeat	0.7				
11/20/2012	Sta 4B	<1.1	<1.1			Repeat	0.8				
11/20/2012	Sta 3A	<1.1	<1.1			Repeat	0.8				
11/20/2012	Sta 4A	<1.1	<1.1			Repeat					
11/28/2012	Tanks1 & 2	A	A			Other					

Violation Key

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	Cl2 not reported

Source Bacteriological Monitoring Report

1510019 Shafter, City of

<i>Sample Date</i>	<i>Time</i>	<i>Source</i>	<i>Sample Type</i>	<i>Test Method</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>HPC</i>	<i>Violation</i>	<i>Comments</i>
11/1/2012		Wells: 7,8,11,12,14,17	Well	P/A	A	A				
11/1/2012	10:40	Well 6	Well	P/A	P	A				
11/20/2012		Wells: 6,7,8,11,12,14	GWR Well	MPN	<1.1	<1.1				
11/29/2012		Well 14 - Raw	Well	MPN	<1.1	<1.1		16		
11/29/2012		Wells: 7,8,11,12,17	Well	P/A	A	A				

POSITIVE TOTAL COLIFORM INVESTIGATION

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

ADMINISTRATIVE INFORMATION

PWS Name:		PWSID NUMBER:	
	Name	Address	Telephone #
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. To what treatment plant (name) does this well pump?					
j. How often do you take a raw water total coliform (TC) test?					
k. Provide the date and result of the last TC test at this location					

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
1. If you provide continuous chlorination treatment, was there any equipment failure? Did the distribution system maintain a chlorine residual?					
a. Was emergency chlorination initiated?					
b. If yes, for how long?					

POSITIVE TOTAL COLIFORM INVESTIGATION

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TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
2. Did the distribution system lose chlorine residual?						
3. If you do not provide routine chlorination, was emergency chlorination initiated?						
If Yes,, when?						
4. Inspect each point where disinfectant is added and report						
a. For hypochlorinator systems						
1. Is the disinfectant feed pump feeding disinfectant?						
2. What is the feed rate of disinfectant in ml/minute						
3. What is the concentration of the disinfectant solution being fed? (percent, or mg/l of chlorine as HOCl)						
4. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)						
5. What is the age (days) of the disinfectant solution currently being used at this treatment location?						
6. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?						
7. What is the total chlorine residual measured immediately downstream from the point of application?						
8. What is the free chlorine residual measured immediately downstream from the point of application?						
9. What is the contact time in minutes from the point of disinfectant application to the first customer?						

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?						
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?						
3. Is the overflow on each tank screened?						
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?						
5. Is the roof/cover of the tank sealed and free of any leaks.						
6. Is the tank above ground or buried.						
a. If buried or partially buried, are there provisions to direct surface water away from the site.						
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?						
8. Does the tank "float" on the distribution system or are there separate inlet and outlet						

POSITIVE TOTAL COLIFORM INVESTIGATION

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STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
lines?						
9. What is the measured chlorine residual (total/free) of the water exiting the storage tank today ?						
10. What is the volume of the storage tank in gallons?						
11. Is the tank baffled?						
12. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?						

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross connection control program?	
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	
11. Is the review and testing of backflow prevention devices current?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

BOOSTER STATION	SYSTEM RESPONSES
1. Do you have a booster pump? How many?	
2. Do you have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did your booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

POSITIVE TOTAL COLIFORM INVESTIGATION

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SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an exterior location or is it protected by an enclosure ?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were the weather conditions at the time of the positive sample (rainy, windy, sunny),				

GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

POSITIVE TOTAL COLIFORM INVESTIGATION

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ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted **if** they would show that the contamination is directly related and changes have been made since the last inspection by our Department
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM YOUR PUBLIC WATER SYSTEM?

CERTIFICATION: I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE

NAME: _____

TITLE: _____

DATE: _____

PROOF OF PUBLICATION

(2015.5 C.C.P.)
(GENERAL FORM)

STATE OF CALIFORNIA } ss.
County of Kern

I, the undersigned, am a citizen of the United States and a resident of the County aforesaid; I am over the age of eighteen years, and not a part of or interested in the above entitled matter. I am the chief clerk/publisher of *The Shafter Press*, a newspaper of general circulation, printed and published weekly, in the City of Shafter, County of Kern, and which newspaper has been adjudged a newspaper of general circulation by the Superior Court order number 29926, of the County of Kern; that the notice, of which the annexed is a printed copy, has been published in each regular and entire issue of said newspaper and in any supplement thereof on the following dates, to-wit:

December 19, 2012

I certify (or declare) under the penalty of perjury that the foregoing is true and correct.

Dean Davis

(Signature)

12-19-12

Executed on _____
at Shafter, California

The *SHAFTER PRESS*
PO Box 1600
Shafter, CA 93263

Phone (661) 746-4942

JAN 2013

PUBLIC NOTICE

**IMPORTANT INFORMATION
ABOUT YOUR DRINKING WATER**
Este informe contiene información
muy importante sobre su agua
potable.

Tradúzcalo o hable con alguien que
lo entienda bien.
City of Shafter Had Levels of
Coliform Bacteria
Above the Drinking Water
Standard

Our water system recently failed
a drinking water standard. Although
this incident was not an emergency,
as our customers, you have a right
to know what you should do, what
happened and what we did to correct
this situation.

We routinely monitor for drinking
water contaminants. We took 29 rou-
tine samples to test for the presence
of coliform bacteria in November,
2012. Three (3) of these samples
showed the presence of total coliform
bacteria. The standard is that no more
than 1 sample per month may show
the presence of coliform bacteria.

What should I do?

You do not need to boil your
water or take other corrective ac-
tions.

This is not an emergency. If it had
been, you would have been notified
immediately. Total coliform bacteria
are generally not harmful themselves.
Coliforms are bacteria which are
naturally present in the environment
and are used as an indicator that
other, potentially harmful, bacteria
may be present. Coliforms were
found in more samples than allowed
and this was a warning of potential
problems.

Usually, coliforms are a sign that
there could be a problem with the
treatment or distribution system
(pipes). Whenever we detect coliform
bacteria in any sample, we do follow-
up testing to see if other bacteria of
greater concern, such as fecal
coliform or *E. coli*, are present. We
did not find any of these bacteria
in our subsequent testing.

People with severely compro-
mised immune systems, infants, and
some elderly may be at increased
risk. These people should seek ad-
vice about drinking water from their
health care providers. General guide-
lines on ways to lessen the risk of
infection by microbes are available
from EPA's Safe Drinking Water
Hotline at 1(800) 426-4791.

If you have other health issues
concerning the consumption of this
water, you may wish to consult your
doctor.

What happened? What is being
done?

Currently, there is no explanation
for the coliform bacteria detections.
The water was maintaining adequate
levels of chlorine which is used to dis-
infect it. We are now investigating
possible sources or reasons for the
detections which include abnormal
conditions at the well and sampling
station sites, atmospheric conditions
at the time of the November sam-
pling, as well as sampling and/or
laboratory error. We anticipate resolv-
ing the problem by January, 2013.

For more information, please con-
tact Public Works Director Michael
James at (661) 746-5002 or at the fol-
lowing mailing address: 336 Pacific
Avenue, Shafter, CA, 93263.

Please share this information with
all the other people who drink this wa-
ter, especially those who may not
have received this notice directly (for
example, people in apartments, nurs-
ing homes, schools, and businesses).
You can do this by posting this public
notice in a public place or distribut-
ing copies by hand or mail.

This notice is being sent to you
by the City of Shafter.

Christina Wilson, City Clerk
Dated: December 14, 2012
Publish *Shafter Press* December
19, 2012.

PROOF OF NOTIFICATION
(Return with copy of the Notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **City of Shafter** of the failure to meet the **total coliform bacteria MCL** for the month of **November 2012** as directed by the Department. At least one primary distribution method is required: mail, hand-delivery or newspaper publication. A second method is also required in order to reach persons not likely to be reached by a mailing, direct delivery or newspaper publication (renters, nursing home patients, prison inmates, etc.):

Notification was made on December 19, 2012.

To summarize report delivery used and good-faith efforts used, please check all items below that apply and fill-in where appropriate:

- ☐ The notice was distributed by mail delivery to each customer served by the water system.
- ☐ The notice was distributed by direct delivery to each customer served by the water system. Specify direct delivery method(s) used: _____
- ☒ **Publication of the notice in a local newspaper or newsletter of general circulation (attach a copy of the published notice, including name of newspaper and date published).**
- ☒ **Posted the notice at the following conspicuous locations served by the water system (if needed, please attach a list of locations).** *City Hall Lobby, County Library, City Council Chambers, Police Department*
- ☐ Posted the notice on the Internet at www._____
- ☐ Other method used to notify customers. _____

DISCLOSURE: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Certified by Name and Title: Michael James Public Works Director
Date: 1-9-12 Signature: [Signature]

Due to the Dept. of Health Services within 10 days of notification to the public
Total Coliform MCL Failure / Enforcement Action No.: In process__

